

211

RETURN must be made for each, and the for of each stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>192</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>324</u>
Town of <u>Miami</u>	No. <u>805 Lwe Oak</u>		Local Registrar No. _____
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
City of _____	2. Full name of child <u>Miguel Portillo</u>		If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
6. Date of birth <u>April 29, 1924</u>	Month _____ day _____ year _____	7. No. in order of birth _____	
8. FATHER		14. MOTHER	
Full name <u>Salvador Portillo</u>		Full maiden name <u>Luce Bustamante</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u>		15. Residence (Usual place of abode) <u>Miami Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>30</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Merchant</u>		19. Occupation <u>House wife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living <u>5</u>		(b) Born alive but now dead <u>4</u>	
(c) Stillborn <u>none</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at <u>39</u> m. on the date above stated.			
(Born alive or <del>stillborn</del> )			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>E. J. Jotepms</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year _____		Address _____	
Registrar. _____		Filed <u>April 30</u> , 19 <u>24</u> <u>E. J. Jotepms</u> Local Registrar.	
		Filed <u>5-5</u> , 19 <u>24</u> <u>B. G. G. a</u> County Registrar.	

476-429-325